

Request Form for the Addition of Leased Vehicle(s) to a Waste Collection Permit

PERMIT HOLDER DETAILS			
Waste Collection Permit Holder Name:			
Address:			
Permit Number:		Expiry Date:	_/_/___
DETAILS OF LEASED VEHICLE TO BE ADDED			
Name of Leasing Company:			
Length of Lease Arrangement:	Start Date	_/_/___	End Date*
Vehicle Registration Number:			
Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
Vehicle Registration Certificates (VRCs) must be in the correct name of the Leaser. VRCs incorrectly named will result in your request being denied.			
INSURANCE DETAILS			
Is the Vehicle insured under the Permit Holder's Fleet Policy or is there a Motor Contingency Policy in place? **			
* In the case of no end date, please enter the expiry date of the Waste Collection Permit ** See Insurance Requirements overleaf			
PERMIT HOLDER DECLARATION			
I declare, that the above information is correct to the best of my knowledge. I acknowledge that I, the Permit Holder, bear the full responsibility for all waste collection activities undertaken by all vehicles listed on this Waste Collection Permit (Section 34 (10), Waste Management Act, 1996).			
Signed:			
Print Name:			
Position / Title: <i>(where applicable)</i>			
LEASING COMPANY DECLARATION			
I declare, that my vehicle, as listed above will be used for the collection of waste, on behalf of the named Permit Holder above and by no other Waste Collection Permit Holder for the time period detailed above.			
Signed:			
Print Name:			
Company: <i>(where applicable)</i>			
Position / Title: <i>(where applicable)</i>			

If there is more than 1 leased vehicle to be added, please list on Page 2

DETAILS OF LEASED VEHICLE(S) TO BE ADDED

2	Name of Leasing Company:				
	Length of Lease Arrangement:	Start Date	_/_/____	End Date *	_/_/____
	Vehicle Registration Number:			Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE (VRC) WILL RESULT IN YOUR REQUEST BEING DENIED

3	Name of Leasing Company:				
	Length of Lease Arrangement:	Start Date	_/_/____	End Date *	_/_/____
	Vehicle Registration Number:			Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>

FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE (VRC) WILL RESULT IN YOUR REQUEST BEING DENIED

Vehicle Registration Certificates (VRCs) must be in **the correct name** of the Leaser.
VRCs incorrectly named will result in your request being denied.

INSURANCE REQUIREMENTS

**The Permit Holder’s Motor Insurance must cover the Leased Vehicle.
The Leasing Company’s Insurance is Not Sufficient.**

If not already submitted, or if your Motor Insurance is now out of date,
please complete and submit a **Motor Insurance Declaration Form**.

If your existing Motor Insurance Policy is not sufficient to cover the Leased Vehicle, please submit a
Motor Contingency Policy Declaration from *your* (i.e. the Permit Holder’s) Insurance Company.

VEHICLE ADDITION FEES
Fees are based on how quickly you wish your request to be processed

STANDARD ELECTRONIC Within 10 Working Days €25	STANDARD HARDCOPY Within 10 Working Days €30	FAST-TRACK ELECTRONIC OR HARDCOPY Within 2 Working Days €50
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Credit Transfer or Direct Lodgement *	Lodge to Offaly County Council’s Bank Account: Address: Bank of Ireland, Bridge Street, Tullamore, Co. Offaly. Sort Code: 90-19-09 Account Number: 48640672 IBAN: IE64 BOFI 9019 0948 6406 72 IBIC: BOFIIIE2D Please quote code: 05197008 and include applicant name.
Postal Money Order or Bank Drafts	Crossed and made payable to Offaly County Council
Cash, Cheque, Credit or Debit Card	Pay at the Cash Office in Offaly County Council, or pay with credit or debit card, over the phone. Phone Offaly County Council on 057 93 46800. The NWCPO cannot take payment details for security reasons.

Please return completed form by email to:

additions@nwcpo.ie

(*IMPORTANT: Please include payment reference in your email message.
If making a payment using E.F.T., please include your name.
Without it your payment cannot be identified and therefore the addition will be delayed.)

Alternatively, completed forms can be returned by post to:

NWCPO, Offaly County Council, Áras an Chontae, Charleville Rd., Tullamore, Co. Offaly

www.nwcpo.ie